

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 638261

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		2				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		/				
26		/				
27		0				
28		0				
29		/				
30		/				
31		/				
32		/				
33		0				
34		/				
35		0				
36	/	0				
37	/					
38	/					
39	/					
40		2				
41		0				
42		0				
43		/				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	40					
TOTAL CLAIMS	45					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS